ATTENTION

/35593/

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per form

OMB APPROVAL



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY				
Prefix	i - :	Serial		
DA	TE RECEIV	ED		

Name of Offering (☐ check if this is at Series A Preferred Stock Financing	n amendment and name ha	as changed, and indic	ate change.)		
Filing Under (Check box(es) that apply)	: □ Rule 504	□ Rule 505	⊠ Rule 5	06 ☐ Section 4(6)	ULOE
Type of Filing: ⊠New Filing	☐ Amendment				
	A. BASIC	IDENTIFICATION	N DATA		
1. Enter the information requested about	it the issuer				
Name of Issuer (check if this is a	n amendment and name ha	as changed, and indic	ate change.)		
The Kingfish Group, Inc.			_		
Address of Executive Offices	(Number and Stre	et, City, State, Zip Co	ode) Telep	hone Number (Including Are	a Code)
155 Bovet Road, Suite 405, San Mateo,	CA 94402		(415)	282-2300	
Address of Principal Business Operation	is (Number and Stre	et, City, State, Zip Co	ode) Telep	hone Number (Including Are	a Code)
(if different from Executive Offices)					
Brief Description of Business					
Consulting Services					
				·	
Type of Business Organization					
⊠ corporation	limited partnership, alre	eady formed		other (please specify)	00-
☐ business trust	limited partnership, to I	be formed		PR	UCESSED
		Month	Year		
Actual or Estimated Date of Incorporation	n or Organization:	1 0	0 4	☑ Actual ☐ Estima	R 15 2006F
Jurisdiction of Incorporation or Organiza	tion: (Enter two-letter U.S	S. Postal Service abbi	eviation for	State: Th	HOMSON
CN for C	anada; FN for other foreig	gn jurisdiction)		D E FI	NANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: <u>Five (5) copies</u> of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

BAN

	BASIC IDENTIFICAT	TION DATA		
2. Enter the information requested for the following:				
• Each promoter of the issuer, if the issuer has been or	-	•	are of a along of an	with accomition of the
 Each beneficial owner having the power to vote or di issuer; 		•		•
Each executive officer and director of corporate issue	• -	al and managing partners o	f partnership issue	rs; and
Each general and managing partner of partnership iss				
Check Box(es) that Apply:	⊠Beneficial Owner	⊠Executive Officer	⊠Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Dubiel, Christian				
Business or Residence Address (Number and Street, Cit	ty, State, Zip Code)			
c/o The Kingfish Group, Inc., 155 Bovet Road, Su	ite 405, San Mateo, CA	94402		
Check Box(es) that Apply: ☐ Promoter	⊠ Beneficial Owner	ĭ Executive Officer	⊠Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				Managing I armer
Goldenstein, Jonathan				
Business or Residence Address (Number and Street, Cit	ty, State, Zip Code)			
c/o The Kingfish Group, Inc., 155 Bovet Road, Su	ite 405, San Mateo, CA	94402		
Check Box(es) that Apply: ☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			•	Managing Lardier
Sycamore Investments, Ltd				
Business or Residence Address (Number and Street, Cit	y, State, Zip Code)			
c/o The Kingfish Group, Inc., 155 Bovet Road, Su	ite 405, San Mateo, CA	94402		
Check Box(es) that Apply: ☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				widnaging I ai uici
Baniff Investment Co.				
Business or Residence Address (Number and Street, Cit	ty, State, Zip Code			
c/o The Kingfish Group, Inc., 155 Bovet Road, Su	ite 405, San Mateo, CA	94402		
Check Box(es) that Apply: ☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				managing raine.
Prinn Family Trust				
Business or Residence Address (Number and Street, Cit	ty, State, Zip Code)			
c/o The Kingfish Group, Inc., 155 Bovet Road, Su	ite 405, San Mateo, CA	94402		
Check Box(es) that Apply: ☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				maioging i water
Ryan J. Kerrigan & Erin P. Kerrigan, Trustees for the K	errigan Family Trust dated	Dec. 8, 2003		
Business or Residence Address (Number and Street, Ci	ty, State, Zip Code)			
c/o The Kingfish Group, Inc., 155 Bovet Road, Su	ite 405, San Mateo, CA	94402		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING		
	Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		\boxtimes
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?	\$	9,000.00
2. What is the minimum investment that will be accepted from any individual:	Yes	
3. Does the offering permit joint ownership of a single unit?	×	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any		_
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.		
If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such		
a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		☐ All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[MO]
	OR]	[PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PR]
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	*********	☐ All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS j	[MO]
	OR] WY]	[PA] [PR]
	W 1 j	[IK]
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
Number of Associated Broker of Beater		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		☐ All States
	HI]	[ID]
	MS]	[MO]
	OR]	[PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		R OF INVESTORS, EXPENSES AND I	USE OF PROCEEDS	S
	b. Enter the difference between the aggrega C - Question 1 and total expenses furnished in re difference is the "adjusted gross proceeds to the issue the control of the co	sponse to Part C - Question 4.a. This		\$ 1,992,000.00
5.	Indicate below the amount of the adjusted gross proused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate equal the adjusted gross proceeds to the issuer set above.	t for any purpose is not known, furnish ar ate. The total of the payments listed mus	ı t	<u> </u>
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		_ \$	\$
	Purchase of real estate		⊏ \$	\$
	Purchase, rental or leasing and installation of mach	inery and equipment	S	\$
	Construction or leasing of plant buildings and facilities		_ \$	<u> </u>
	Acquisition of other businesses (including the val that may be used in exchange for the assets or s merger)	ecurities of another issuer pursuant to a	□ \$	□ \$
	Repayment of indebtedness		□ \$	\$
	Working capital		□ \$	× \$1,992,000.00
	Other (specify):		_ \$	\$
			_ \$	\$
	Column Totals			
	Total Payments Listed (column totals added)		,992,000.00	
		D. FEDERAL SIGNATURE	·	
follo	issuer has duly caused this notice to be signed by twing signature constitutes an undertaking by the issues staff, the information furnished by the issuer to any the issuer that the issuer that is the issuer that is the information of the issuer that is the issuer that is the information of	er to furnish to the U.S. Securities and Ex	change Commission,	upon written request
	er (Print or Type)	Signature ~		ate
The	Kingfish Group, Inc.	101	F	ebruary 2/ , 2006
	e of Signer (Print or Type) stian Dubiel	Title of Signer (Print or Type) President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)